

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In: Caligiuri *et al.*

Confirmation No.: 8842

Appl. No.: 09/855,342

Group Art Unit: 1642

Filed: May 14, 2001

Examiner: Stephen L. Rawlings

For: METHODS OF THERAPY FOR CANCERS CHARACTERIZED BY  
OVEREXPRESSION OF THE HER2 RECEPTOR PROTEIN

September 15, 2003

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☐ Applicant claims small entity status. See 37 C.F.R. § 1.27.  
☐ No additional fee is required.

The fee has been calculated as shown below:

| (COL. 1)  |      | (COL. 2)                                    | (COL. 3)         | SMALL ENTITY        |               | OTHER THAN<br>A SMALL<br>ENTITY |               |
|---|------|---|------------------|---------------------|---------------|---------------------------------|---------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                             |      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDIT.<br>FEE | OR<br>RATE                      | ADDIT.<br>FEE |
| TOTAL   | * 51 | ** 39                                       | = 12             | X 9=                | \$            | X 18=                           | \$ 216.00     |
| INDEP   | * 3  | *** 4                                       | = 0              | X 42=               | \$            | X 84=                           | \$            |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE<br>DEP. CLAIM |      |   |                  | +140=               | \$            | +280=                           | \$            |
|   |      |   |                  | TOTAL<br>ADD FEE \$ |               | OR<br>TOTAL                     | \$ 216.00     |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

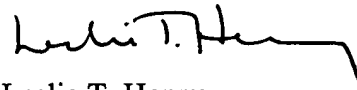
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☐ Please charge my Deposit Account No. 16-0605 in the amount of \$ .
- ☒ A check in the amount \$216.00 to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

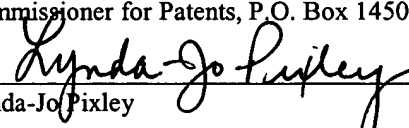


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Date of Deposit September 15, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:  
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Lynda-Jo Pixley